

BLUE CROSS BLUE SHIELD INSURANCE CARD

Group Policy Information

MEMBER INFORMATION

Member Name: John Michael Doe

Date of Birth: 01/15/1980

Member ID: BCBS123456789

Group Number: GRP001

Policy Number: POL987654321

PLAN INFORMATION

Plan Type: PPO (Preferred Provider Organization)

Effective Date: 01/01/2024

Termination Date: 12/31/2024

Network: Blue Cross Blue Shield Network

BENEFIT INFORMATION

Deductible: \$1,500 individual / \$3,000 family

Out-of-Pocket Maximum: \$6,000 individual / \$12,000 family

Co-pay: \$25 primary care / \$50 specialist

Emergency Room: \$200 co-pay

Hospitalization: 20% coinsurance after deductible

PRIOR AUTHORIZATION REQUIREMENTS

MRI Brain with Contrast: REQUIRES PRIOR AUTHORIZATION

Authorization Phone: (555) 800-AUTH

Authorization Fax: (555) 800-FAX

Online Portal: www.bcbs.com/pa

Provider Portal: <https://provider.bcbs.com>

CONTACT INFORMATION

Customer Service: (555) 800-BCBS

Claims Address: PO Box 12345, Anytown, ST 12345

Provider Relations: (555) 800-PROV

24/7 Nurse Line: (555) 800-NURSE

Card ID: BCBS-2024-001234 | Issue Date: 01/01/2024 | Valid Through: 12/31/2024

For verification: www.bcbs.com/verify | Phone: (555) 800-VERIFY